Nebraska Health & Human Services
Percent Change Between Fiscal Years By Eligibility Category*

Average Monthly Medicaid **Eligibles:**

	FY94 TO FY95	FY 95 TO FY96	FY96 TO FY97	FY97 TO FY98	FY98 TO FY99	FY99 TO FY00	FY00 TO FY01	FY01 TO FY 02	FY02 TO FY 03	FY03 TO FY 04	Average Monthly Cost/Eligible	FY04 Total Expenditures
AGED	2.00%	0.65%	-0.75%	-1.09%	0.74%	0.63%	1.48%	0.99%	1.08%	-0.58%	$ 1,658.30	$364,043,928
BLIND	-2.40%	-5.35%	3.61%	6.73%	-8.82%	-0.61%	1.55%	3.65%	2.20%	6.03%	$ 899.07	$2,654,051
DISABLED	7.98%	5.95%	3.67%	0.85%	3.11%	3.05%	2.01%	2.86%	3.29%	3.36%	$ 1,577.01	$516,627,032
ADC ADULT	-4.47%	16.82%	1.28%	4.74%	6.58%	1.54%	0.06%	6.46%	-8.37%	4.22%	$ 324.53	$101,315,021
CHILDREN	1.07%	0.05%	2.17%	4.29%	13.95%	14.72%	9.52%	9.57%	-0.75%	-4.73%	$ 220.17	$331,041,975
TOTAL	1.34%	3.34%	1.90%	3.16%	9.52%	9.44%	6.33%	7.45%	-1.09%	-2.17%	$ 556.11	$1,315,682,007

Average Monthly Medicaid **Eligibles:**

	FY94	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04
AGED	17,382	17,730	17,846	17,713	17,520	17,650	17,761	18,025	18,204	18,401	18,294
BLIND	233	227	215	223	238	217	216	219	227	232	246
DISABLED	19,173	20,703	21,935	22,740	22,934	23,648	24,370	24,860	25,571	26,412	27,300
ADC ADULT	19,961	19,069	22,276	22,562	23,632	25,187	25,574	25,590	27,242	24,963	26,016
CHILDREN	78,410	79,247	79,283	81,001	84,474	96,262	110,432	120,941	132,518	131,525	125,298
TOTAL	135,159	136,976	141,555	144,239	148,798	162,964	178,353	189,635	203,762	201,533	197,154

* Source for all data: Medicaid Monthly Summary Report Plus NFOCUS Medicaid Expenditures

Support
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Nebraska Health and Human Services System

Nebraska Medicaid Eligibility Categories

There are two primary groupings of individuals that qualify for Medicaid services: Families & Children; and Aged, Blind & Disabled. These two groups include a wide range of eligibility categories that have different eligibility criteria. Medicaid is Title XIX of the federal Social Security Act.

Children & Families

Aid to Dependent Children/Medical Assistance (ACD Cash)

These families receive an ADC cash assistance grant and are eligible for Medicaid as a result. In these families, parents or other caretaker adults also qualify for Medicaid.

Income:	$222 a month	one individual
	$293 a month	two individuals
	$364 a month	three individuals
Resources:	$4,000	one individual
	$6,000	two or more

Required under Federal and State law (43-504).

Aid to Dependent Children/Medical Assistance (ADC 1931)

These families meet ADC eligibility requirements but do not receive an ADC grant. They do not receive a grant because either the grant amount is less than $9.99 and is therefore prohibited, or parents choose not to cooperate with Child Support or Employment First requirements. Even though they do not receive an ADC grant, because they meet ADC eligibility requirements they are eligible for Medicaid. In these families, parents or other caretaker adults also qualify.

Income:	$417 a month	one individual
	$514 a month	two individuals
	$611 a month	three individuals
Resources:	$4,000	one individual
	$6,000	two or more

Required under Federal law (Section 1931).

Aid to Dependent Children/Medical Assistance Medically Needy (MN ADC)

These families have income over the ADC standard but less than the Medically Needy Income Level (MNIL). If families have income over the MNIL, they can spend down, or share the cost, by paying for medical bills that are over the MNIL and establish eligibility. In this category, the children and parents or other caretaker adults can qualify for Medicaid.

Income:	$392 a month	one or two individuals
	$492 a month	three individuals
Resources:	$4,000	one individual
	$6,000	two or more

Federal option required under State law (68-1020).

ADC cases closed due to Child Support Collections

These are ADC cases that were eligible for Medicaid, but have been closed due to collection of Child Support. Once an ADC case is closed due to collection of Child Support, the families continue to be automatically eligible for Medicaid (both children and adults) without an income or resource test for four months.
Required under Federal law.

Nebraska Health and Human Services System

Based on 2004 Federal Poverty Levels
Nebraska Health and Human Services System 2-7-05

Aid to Dependent Children/ Transitional Medical Assistance (TMA)

Transitional Medical Assistance Cases are ADC cases that are ineligible for Medicaid due to earnings. In addition, a member of the unit met ADC standards in 3 of the proceeding 6 months which makes them eligible for Transitional Medical Assistance. The first six months of TMA are available without regard to income. In the next 6 months, earned income must be below 185% of the Federal Poverty Level. If earned income is below 100% FPL, all members of the family are eligible; if above 100% FPL, the family can pay a premium and be Medicaid eligible.

Income:	$1,436	one individual
(185% FPL)	$1,926	two individuals
	$2,416	three individuals
Resources:	There is no resource test	

Only earned income is used to establish eligibility.
Required by Federal law.

Ribicoff

Ribicoff is for children age 18 or younger who are not eligible as an ADC child because they don't meet the ADC requirements of physical absence of one parent or financial deprivation. The adult parents cannot qualify under this category. The eligible children can spend down, or share the cost, to establish eligibility.

Income:	$392 a month	one or two individuals
(MNIL)		
	$492 a month	three individuals
Resources:	$4,000	one individual
	$6,000	two or more

Federal option required under State Law (68-1020).

Nebraska Health and Human Services System

Special Enhanced Medical Assistance for Children (Pregnant Women)

This covers unborn children in families with income equal to or less than 185% FPL. The mother is eligible for prenatal care, delivery and a sixty-day postpartum period. Under Federal law, a child born to a Medicaid eligible woman is eligible for Medicaid for 12 months, as long as the child lives with the mother.

Income:	$1,436 a month	two individuals
(185% FPL):		
	$2,416 a month	three individuals
Resources:	There is no resource test.	

Coverage of Pregnant Women to 185% a Federal option, but required under State law (68-1020).

Enhanced Medical Assistance for Children (EMAC)

This covers infants up to the age of one whose family income is less than 150% of the FPL. There is no ability to obligate income above the standard to spend down in order to establish eligibility. Only the children are eligible, no adults can be eligible under this category.

Income:	$1,164 a month	one individual
(150% FPL)	$1,562 a month	two individuals
	$1,959 a month	three individuals
Resources:	There is no resource limit.	

Federal option required under State Law (68-1020).

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Medical Assistance for Children (MAC)	This is for children ages 1 through 6 (through the month of their sixth birthday) where the family income is equal to or less than 133% FPL. There is no ability to obligate income above the standard to spend down in order to establish eligibility. Only the children are eligible, no adults can be eligible under this category. Income: (133% FPL) $1,032 a month one individual; $1,385 a month two individuals; $1,737 a month three individuals Resources: There is no resource test. Required under Federal and State Law (68-1020).
School Age Medical (SAM)	This is for children ages 6 through 18 years of age (through the month of the child's 18th birthday) where the family income is equal to or less than 100% FPL. There is no ability to obligate income above the standard to spend down in order to establish eligibility. Only the children are eligible, no adults can be eligible under this category. Income: (100% FPL) $776 a month one individual; $1,041 a month two individuals; $1,306 a month three individuals Resources: There is no resource test. Required under Federal and State Law (68-1020).
Children's Health Insurance Program (CHIP)	This is the State Children's Health Insurance Program (S-CHIP, Title XXI of the Social Security Act) for children up to age 18 (through the month of the 19th birthday) with family income below 185% FPL. They cannot have creditable health insurance coverage and do not qualify for one of the other Medicaid eligibility groups. Only children in the family are eligible, not any adults. There is no ability to obligate income above the standard in order to establish eligibility. Income: (185% FPL) $1,436 month one individual; $1,926 a month two individuals; $2,353 a month three individuals Resources: There is no resource test. Federal option required under State law (68-1020).
Six Months Continuous Coverage	Children 18 and younger who are found to be eligible for Medicaid are initially eligible for six (6) months, with no income or resource test after the first month. This applies only to the children in the family, regardless of which eligibility category they qualify under. Federal option, required under State law (68-1020).
Presumptive Eligibility	In this program, a qualified health care provider can presume that a pregnant woman is eligible for Medicaid (based on a patient's declaration of income), and can deliver services with a knowledge that they will be reimbursed by Medicaid. The pregnant woman is eligible for all services except inpatient hospital. This presumed eligibility continues until the Local Health and Human Services Office officially determines eligibility for Medicaid. Federal option, required under State Law (68-1020).

Nebraska Health and
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Aged, Blind & Disabled (AABD)	**Aged is defined as over 65; Blind and Disabled are determined as such using the Social Security Administration's definitions and can be either children or adults.**
Aid to the Aged, Blind and Disabled (AABD)	This is cash assistance for person eligible as Aged, Blind and Disabled who receive a Supplemental Security Income (SSI) payment or a State Supplement Program payment. Income: $588 a month — one individual $874 a month — a couple Resources: $2,000 — single person $3,000 — a couple Federal option required under State law (68-1001).
Aid to the Aged, Blind and Disabled/ Medically Needy (MN AABD)	These are AABD clients who are not eligible for cash assistance because they have income over cash assistance standards. They have a medical need but are not eligible under the 100% FPL standard. This Medicaid category allows the individual to obligate their income above the standard to spend down on their own Medical bills and establish Medicaid eligibility. Income: $392 a month — one or two Resources: $4,000 — one individual $6,000 — two individuals Federal option required under State law (68-1020)
Aid to the Aged, Blind and Disabled/ Qualified Medicare Beneficiaries (QMBs) at 100% FPL	These are AABD clients whose income is below 100% FPL. The Federal Law requires States to pay only Medicare premiums, copayments and deductibles for clients with less than 100% FPL. Nebraska administratively offers full Medicaid coverage to this group instead of limiting payment to Medicare premiums, copayments, and deductibles. This coverage includes Qualified Medicare Beneficiaries (QMBs) up to 100% FPL. There is no ability to obligate income above the standard in order to establish eligibility. Income: $776 a month — one individual (100% FPL) $1,041 a month — two individuals Resources: $4,000 — one individual $6,000 — two individuals State is Federally required to pay for Medicare coverage for eligible clients to 100% FPL, State chose to cover under Medicaid.
Aid to the Aged, Blind and Disabled/ Special Low Income Medicare Beneficiaries (SLIMBs) at 120% FPL and Qualified Individuals I (QI1s) at 135% FPL	These are AABD clients for whom the State is required to pay Medicare Part B Premiums ($78.20 a month). These clients are not eligible for any other medical services, just payment of the Medicare premium. Federal and State funds (regular match) pay for the SLIMBs who are covered below 120% of FPL. Federal funds entirely pay for the QI1 group to 135% FPL. Income: $1,048 a month — one individual (135% FPL): $1,405 a month — two individuals Resources: $4,000 — one individual $6,000 — two individuals Federally required.

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Qualified Working Disabled Individuals (Part A)	These are AABD clients who are eligible for Medicare as a disabled individual and who returned to work. As a result, they are required to pay their Medicare Part A (hospital) premiums to maintain coverage. This program pays the Part A premium for individuals who have an income of less than 250% FPL. The premium is currently $375 per month. Income: $1,940 a month per individual (250% FPL) $2,603 a month a couple Resources: $4,000 one individual $6,000 a couple Federally required.
Medicaid Insurance for Workers with Disabilities (Buy In)	These clients meet Medicaid's disability requirements, which are defined by the Social Security Administration, but earn more than the income requirement. Keeping Medicaid coverage enables them to continue to work. They are eligible for this program without paying a premium up to 200%FPL; between 200% FPL and 250% FPL they must pay a premium. Income: $1,940 a month one individual (250% FPL) $2,603 a month a couple Resources: $4,000 one individual $6,000 a couple Federal option, State law requires (68-1020).
1619b Clients (1619b is a Section of the Social Security Act)	These are former SSI and State Supplement clients that are working and have exhausted the 9 month trial work period allowed, but have earnings below the average State expenditures for a disabled client in Medicaid, SSI, State Supplement and Block Grant payments. This is currently $25,303. As long as SSI carries them in a 1619b status, the State continues Medicaid. Federally required.
Breast and Cervical Cancer Clients	These are women who are screened for breast or cervical cancer by the HHSS Every Women Matters Program and found to need treatment. The women are below 225% FPL using Every Woman Matters criteria. Federal option, required by State Law (68-1020).
Katie Beckett Wavier	This is a Medicaid State plan amendment waiver for children under 18 who would require institutional services without this assistance. Parents are not held financially responsible for children who are eligible under this provision. The income and resource test is dependent upon the client's living arrangement. Federal option.

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Spousal Impoverishment	This allows the splitting of resources and income for a married couple when one spouse needs institutional (nursing home) care and the other will remain living in the community. The value of the couple's resources is determined the first month in order to determine the spousal shares so amounts can be allocated appropriately. If the community spouse does not have income equal to 150% FPL for two ($1,562 a month), income is allocated from the nursing home spouse to the community spouse up to that level. If the couple has resources at or below $18,552, they are considered all belonging to the community spouse. At approximately $184,000, resources are split 50-50 between the couple. Beyond this level, all resources in excess of $92,760 are considered belonging to the nursing home spouse. Federally required.

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Support
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NEBRASKA

MEDICAID ELIGIBILITY GROUPS NOT FEDERALLY REQUIRED

CATEGORY	DESCRIPTION	STATE STATUTE
Medically Needy	Aged, Blind, & Disabled, & Aid to Dependent Children Units not eligible for a grant but with income and resources below the Medically Needy Level. Also included are children to age 19 whose families do not meet the ADC deprivation criteria. Nursing Home cases are covered as Medically Needy in Nebraska other States use 300% of SSI FBR as an eligibility test.	68-1020
Pregnant Women (Unborns)	Pregnant women to 185% FPL. Federal law requires coverage to 133% FPL.	68-1020
Children to age 19	Nebraska covers to 185% FPL. Federal law requires coverage of Unborn to age 6 at 133% FPL. Age 6 to age 19 at 100% FPL.	68-1020
Presumptive Eligibility	Not required for Pregnant Women under Federal Law.	68-1020
Continuous Eligibility	A Federal Option. Children under 19 eligible the month of application are eligible for 6 months unless the child turns 19, dies, etc.	68-1020
AABD (OMB)	Federal law requires States to cover Medicare copayments, deductibles and premiums for Medicare covered services. Nebraska covers these individuals for full Medicaid, this was done administratively, no State Legislation was involved	N/A
Buy-in for the Working Disabled	A Federal option, this allows the Working Disabled Medicaid with income below 250% FPL, between 200% & 250% they pay a premium.	68-1020
Katie Becket Kids	Children living at home with their parents whose parents income is not used to determine the child's Medicaid eligibility. The children if not under the Waiver would require institutionalization.	N/A
Home & Community Based Waivers	Clients living in the community who would otherwise require institutionalization. In determining eligibility we do not use a parental income in determining children's eligibility and use Spousal Impoverishment regulations for couples.	N/A
Breast & Cervical Cancer Program	Women under 65 who are uninsured and have been screened by the Every Women Matters Program as needing treatment for breast or Cervical cancer including pre-cancerous conditions and early stage cancer.	68-1020

NOTE: The Nebraska Supreme Court, in a recent decision held that it's the authority of the Nebraska Legislature to identify Medicaid eligibility categories – Clemens v. Harvey.

Nebraska Health and Human Services System

MAJOR MEDICAID PROGRAM CHANGES
FY 1989 TO PRESENT

Note: DSS (Nebraska Department of Social Services) merged into the Nebraska Health and Human Services System in January 1997

1. Added Medicaid coverage for Pregnant Woman and Infants with income below 100% of Office of Management and Budget poverty guidelines. Required by LB 229. Effective 7/1/88.

2. Presumptive Eligibility coverage for pregnant women meeting certain guidelines until eligibility for Medicaid is determined. Required by LB 229. Effective 7/1/88.

3. Medically needy level increased to $392 due to increase in ADC standard per LB 518 effective 7/1/88.

4. Nebraska added a Spousal Impoverishment provision, which increased income and resource guidelines for nursing home clients who have a spouse at home. Required by LB 419. Effective 7/1/88.

5. Expanded coverage of Aged, Blind and Disabled to 85% of OMB poverty. Required by the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360). Effective 1/1/89. (An additional 5% each January 1 up to 100%).

6. Federal expansion of eligibility for pregnant women and children through age 5, up to 133% of federal poverty level effective 4/1/90.

7. Federal Transitional Medical for ADC families who lose cash eligibility due to employment. This was previously state-funded and now federal participation is available (Family Support Act of 1988, effective 4/1/90).

8. Began coverage of children up to age 19 born after September 30, 1983, using 100% of poverty. OBRA 90, effective 7/1/91.

9. Elimination of Medical coverage for Medically Needy Caretaker relatives. Effective 3/1/93. As a result of Nebraska district court decision in December 1994, medical coverage for this population was reinstated back to the effective date of the elimination.

10. Began coverage of children under age 1 and pregnant women with a family income at or below 150% of poverty, effective 7/1/95.

11. As a result of Welfare Reform, allowable assets for ADC cash assistance increased from $1,000 to $4,000 for a family size of 1 and to $6,000 for a family of 2 or more, effective 7/1/97.

12. The 20% earned income disregard replaced the $90, and $30 and 1/3 time limited disregard for ADC grant cases, ADC Medically Needy and Children's Poverty programs. $50 disregard of Child Support was dropped from the income test. Both changes in disregard were effective 10/1/97 as part of Welfare Reform.

13. Federal Welfare Reform limited groups of immigrants who could be covered under the Federal Medicaid Program. As a result, Nebraska no longer covers non-citizens (PRUCOL), but covers legal permanent residents who haven't been in the United States for 5 years with state funds, effective 10/1/97.

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14. School age Medical (SAM) are eligible up to 100% of FPL through age 18. This was effective 5/1/98 with the federal approval of the Phase I State Plan for the Children's Health Insurance Program of the Balance Budget Act of 1997.

15. Children's Health provisions of the Balanced Budget Act of 1997 were further expanded, effective 9/1/98, with federal approval of the Phase II State Plan (LB 1063). Under this expansion, the income limit for children 18 and younger was increased to 185% of FPL.

16. Other LB 1063 provisions outside of Title XIX were implemented, effective 9/1/98.

17. 12 months of continuous eligibility for children 18 and younger who are determined eligible for Medicaid;

18. Income limit for pregnant women was increased to 185% of FPL;

19. Nebraska implemented the presumptive eligibility provision for all children up to their 19th birthday. This allowed qualified providers to grant Medicaid eligibility that ensures children receive prompt medical treatment.

20. LB 8 changed the treatment of income for eligibility of most Medicaid cases with children. Cases may no longer "stack" together eligibility standards for selected persons in a family. The family must now be budgeted as a single unit against a standard.